


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2004 8:00 am
Secretary of State

04-30-2004 90313 005 ***150.00

DOCUMENT # P98000103840

1. Entity Name
SOLID EVENT, INC.



Principal Place of Business Mailing Address
1302 DOUGLAS AVENUE **1302 DOUGLAS AVENUE**
CLEARWATER, FL 33755 US **CLEARWATER, FL 33755 US**

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country



03032004 Chg-P CR2E034 (10/03)

4. FEI Number Applied For
59-3557946 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent	
DRUCILLA E. BELL, P.A. 830 FOURTH AVE NW LARGO, FL 33770	Name	
	Street Address (P.O. Box Number is Not Acceptable)	
	City	
	FL	Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BERRIEN, JOHN E SR	NAME	
STREET ADDRESS	1302 MARTIN L KING AVENUE	STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER, FL 33755	CITY-ST-ZIP	
TITLE	VP <input type="checkbox"/> Delete	TITLE	VP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BERRIEN, ASHANTI	NAME	LARRY BERRIEN
STREET ADDRESS	1302 MARTIN L KING AVENUE	STREET ADDRESS	1302 DOUGLAS AVE
CITY-ST-ZIP	CLEARWATER, FL 33755	CITY-ST-ZIP	CLEARWATER, FL 33755
TITLE	VP <input type="checkbox"/> Delete	TITLE	VP MARKETING <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NASH, BEVERLY JO	NAME	JOSEPH MCEWEN
STREET ADDRESS	1629 3RD AVE SE	STREET ADDRESS	2655 WILMINGTON RD # 205
CITY-ST-ZIP	RUSKIN, FL 33570	CITY-ST-ZIP	CLEARWATER, FL 33762
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *John E. Berrien* **4-26-04** _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #